

4TH INTERNATIONAL HUAXIA CONGRESS OF ENDOCRINOLOGY

December 15 - 18, 2006

CONGRESS REGISTRATION FORM

Please complete the form below and return it with the appropriate payment to **Congress Secretariat Office, PC Tours and Travel, B128 The Royal Garden Hotel, 69 Mody Road, Tsimshatsui East, Kowloon, Hong Kong**
Tel: (852) 2734 3315 or 2734 3312 Fax: (852) 2369 0327 or 2723 9044 Email: huaxia2006@pctourshk.com

PERSONAL INFORMATION

Title: ☐ Prof. ☐ Dr. ☐ Mr. ☐ Ms.

Family Name _____ First Name _____

Position _____

Company/Institution _____

Address _____

City _____ State _____ Postcode _____ Country _____

Tel _____ Fax _____ Email _____

Meal Preference : ☐ No Preference ☐ Vegetarian ☐ Others: _____

Name of Accompanying Person:

Family Name _____ First Name _____ Title _____

REGISTRATION FEE

Type of fee	Cost Per Person	No of Person	Amount
Full Registration:			
Early Bird - On or before August 15, 2006	HK\$2,750 / US\$350		
After August 15, 2006	HK\$3,200 / US\$400		
Accompanying Person	HK\$1,200 / US\$150		
Fellow/student/trainee/nurse	HK\$1,500 / US\$200		
Day Registration (Dec , 2006)	HK\$1,200 / US\$150		
Conference Dinner on Dec 17, 2006	HK\$180 / US\$25		
Total			

PAYMENT AUTHORIZATION FORM

☐ By Hong Kong cheque/bankdraft payable to **Diabetes Hongkong-HX2006**

☐ By Credit Card

I authorize " PC Tours and Travel " to debit my credit card in the amount of HKD _____ .

Charge Description :	Registration Fee
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My credit card information as follows : ☐ American Express ☐ Visa Card ☐ Master Card

Amount Authorized :	
Card Number :	
Card Holder Name:	
Expiry Date (MM/YY) :	
Visa or Master Card : CVV Code <i>(in print at the back side of your card)</i>	
American Express Card: CID Code <i>(in print at the front right side of your card)</i>	

Card Holder Signature _____ Date : _____

Remarks: You are required to fax us Copy of Front & Back side of your Credit Card.